

Gro. J. Ashton

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**5* *24*

Age

*1**Ind.*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Meningitis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bungman G Atkinson

CERTIFICATE OF DEATH

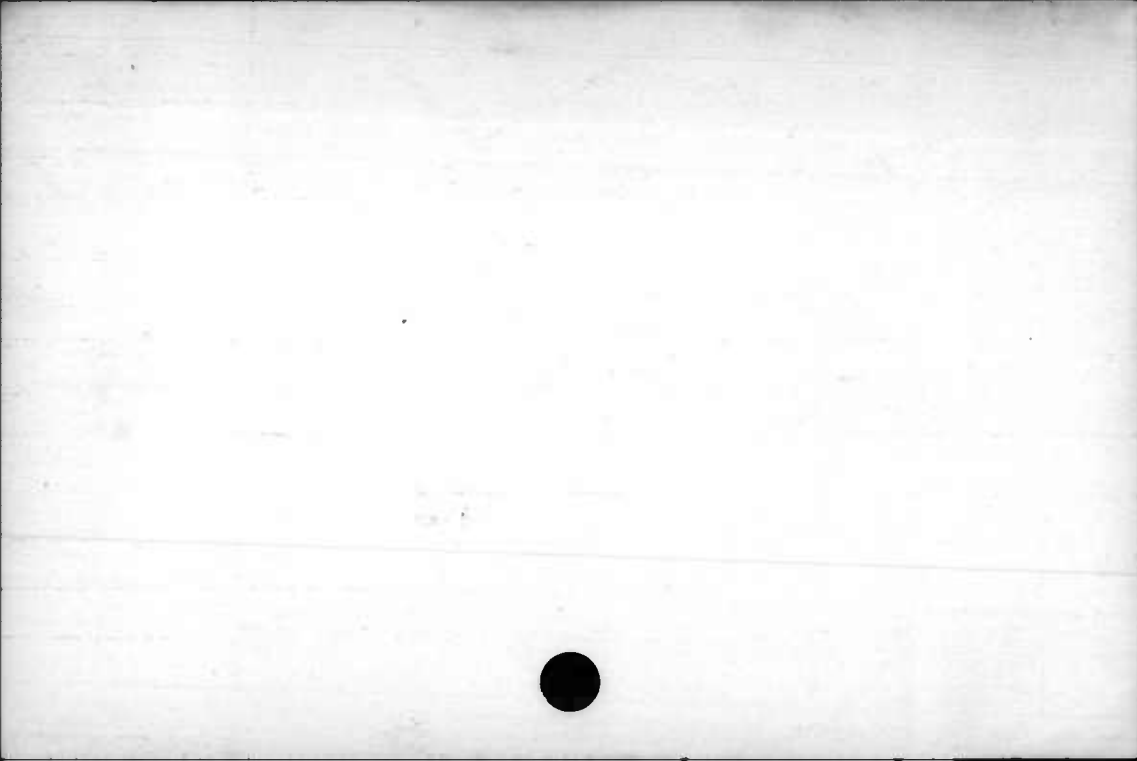
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1905	Month 5	Day 10	Age 46	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Cecil
Occupation	Labor			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude Atkinson			
Father's Name	Robt S. Atkinson					Father's Birthplace	Cecil
Mother's Maiden Name	Annie Ramsey					Mother's Birthplace	"
Name of person giving In formation	Mr G Atkinson					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury to spine	How long	11/15
Immediate	Ischaemia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R W Smith
		Address	
Accident or Suicide?			



Name
in
Full

Albany to Bond

CERTIFICATE OF DEATH

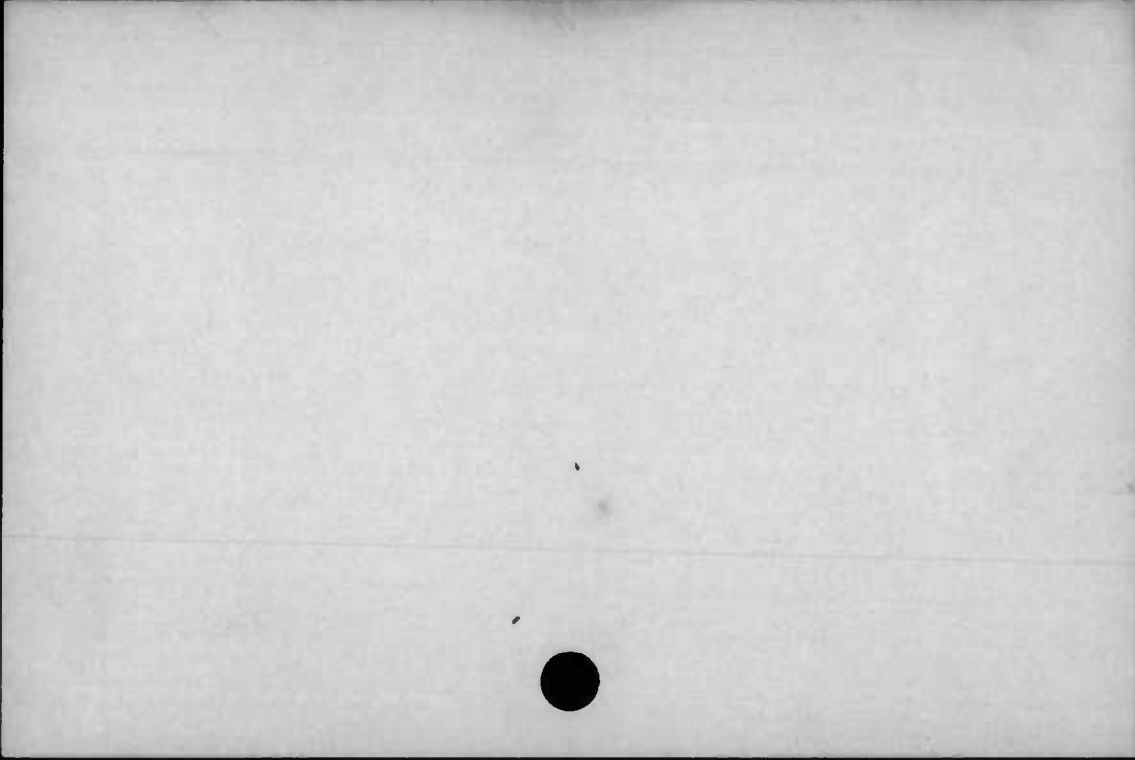
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Darlington		County Harford		MARYLAND	
Date of death		1905	Month July	Day 3	Age	Years 5	Months 1 Days 3
Sex		Male		Color or Race		Colored	
Occupation		Boy		Birth-place		Maryland	
Where Residing if not at place of death				—			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John D Bond		Father's Birthplace		Maryland	
Mother's Maiden Name		Laura M Smethy		Mother's Birthplace		Maryland	
Name of person giving information		John D Bond		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	one year
Immediate	Pneumonia	How long	two months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W B Clark MD	
Address		Darlington Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Jacob Briney

Town

Glenville

County

Harford

MARYLAND

Died at

Date

of death 1905

Month

May

Day

17

Years

Age 73

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ruth Ann Baldwin

Father's
Name

Don't know

Father's
BirthplaceMother's
Maiden Name

Don't know

Mother's
BirthplaceName of person giving
In formation

Carrie Gorrell

How related
to deceased

daughters

CAUSES OF DEATH

Primary

Valvular heart disease

How long

Several years

Immediate

Uremic Coma

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. L. Hopkins

Address

Haver de Grove

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Street</i> Town		County <i>Harford.</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>7</i>	Age <i>82</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed		Occupation <i>House wife</i>			
Name of Wife or Husband <i>John W. Carter</i>					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>John W. Carter Jr.</i>		How related to deceased <i>Son,</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>Two years</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>W. E. & Arthur M. C.</i>
Accident or Suicide?	

May 10 - 05

Assencion Church

Name
in
Full

Mrs. Laura Chamberlain

CERTIFICATE OF DEATH

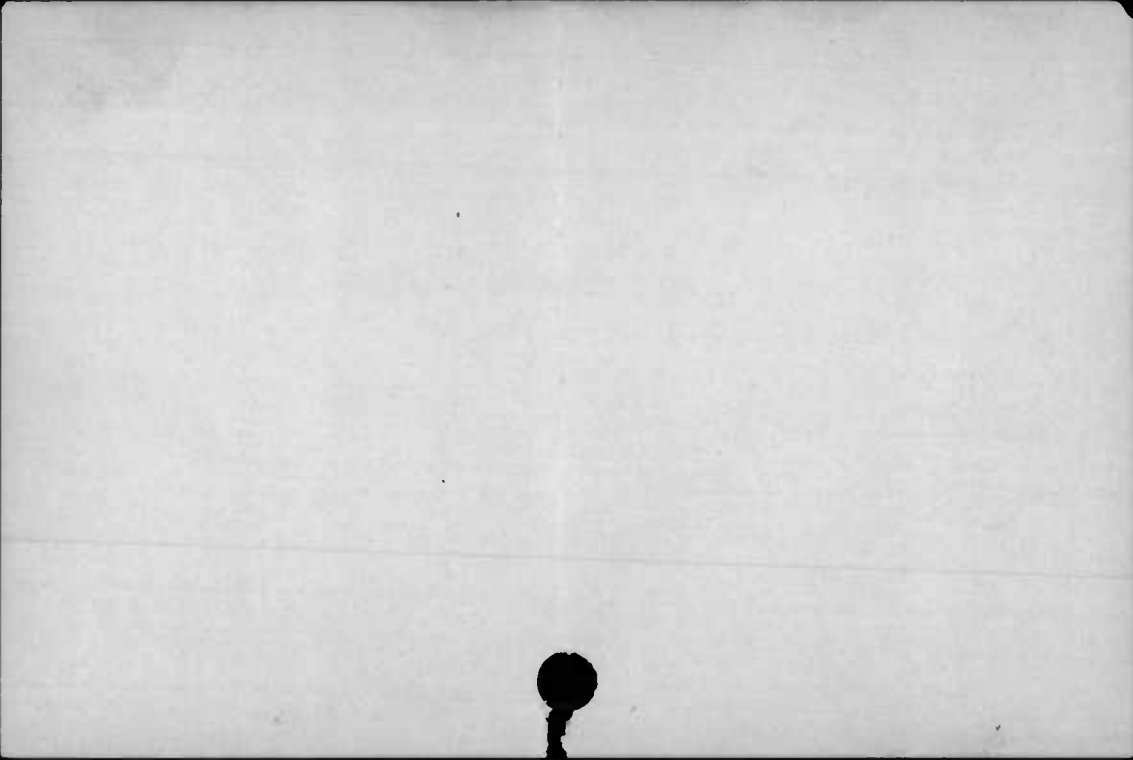
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seabrook</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>17</i>	Age <i>52</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name or Wife or Husband <i>Walter Chamberlain</i>				
Father's Name <i>Wesley Forward</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Wt Dont know</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>2</i>	How long <i>and year</i>
Immediate <i>—</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. Arthur M.D.</i>	
	Address <i>—</i>	
Accident or Suicide?		



Name
in
Full

Mary Corneat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cardiff</i>		County <i>Hartford</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>8</i>	Day <i>7</i>	Age Years	Months <i>2</i>		Days <i>18</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation				Where Residing if not at place of death			
Single or W		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>James Corneat</i>				Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Villie Bagley</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>James Corneat</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 weeks</i>
Immediate	<i>Convulsion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. H. C. C. C.</i>	
Address		<i>Bellevue Pa.</i>	
Accident or Suicide?			

J. L. Norris
Brimfield Station
Sunday 2 P M

Name
in
Full

CERTIFICATE OF DEATH

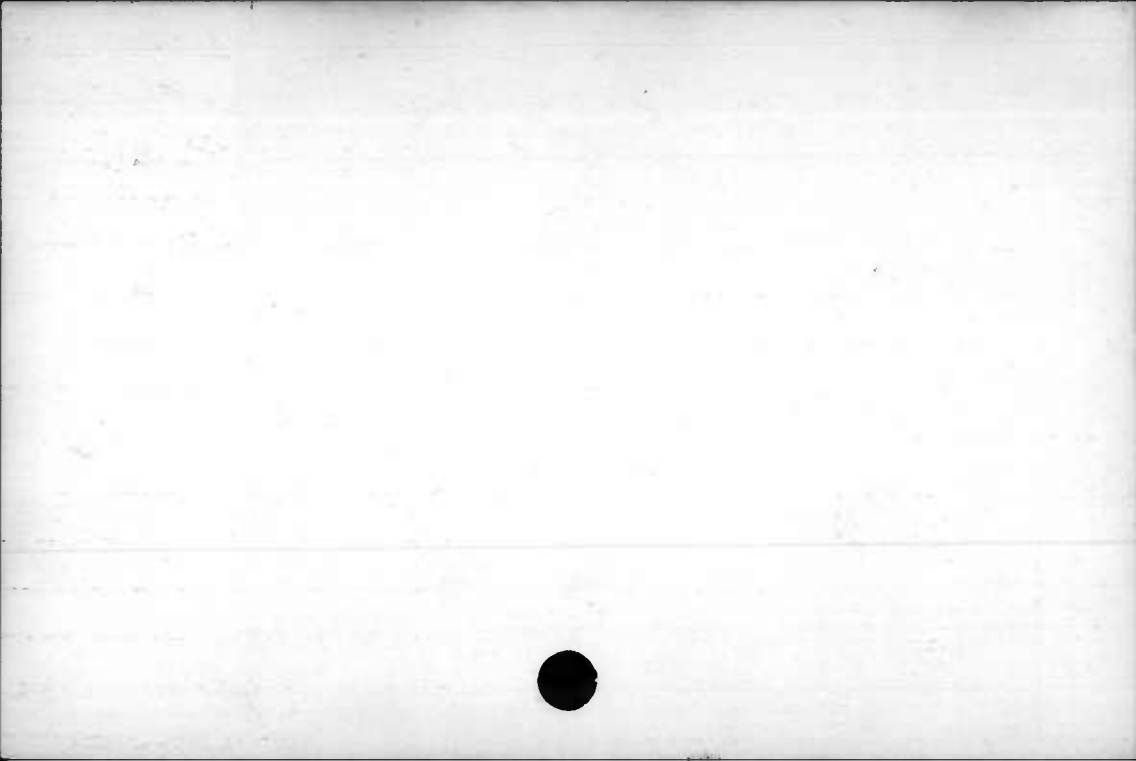
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel Grove</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>25</i>	Years <i>43</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Laurel Grove</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Patrick Foley</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Martin P. Foley</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>—</i>
Immediate <i>Heart Disease</i>	How long <i>Full dead</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Smith M.D.</i>
	Address <i>Laurel Grove Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Gipsen

Town

County

Died at Perryman Harford county Md

MARYLAND

Date of death 1906 May 1

Month

Day

Years

Age 53

Months

Days

Sex Female

Color or
Race

Colored

Birth-
place

Perryman

Occupation

House work

Where Residing if not
at place of death

Perryman

Married, Single
or Widowed

widow

Name of Wife or
Husband

Edward Gipsen

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

John Childen

How related
to deceased

Son

CAUSES OF DEATH

Primary

Colds

How long

2 weeks

Immediate

Neuralgia of the heart

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

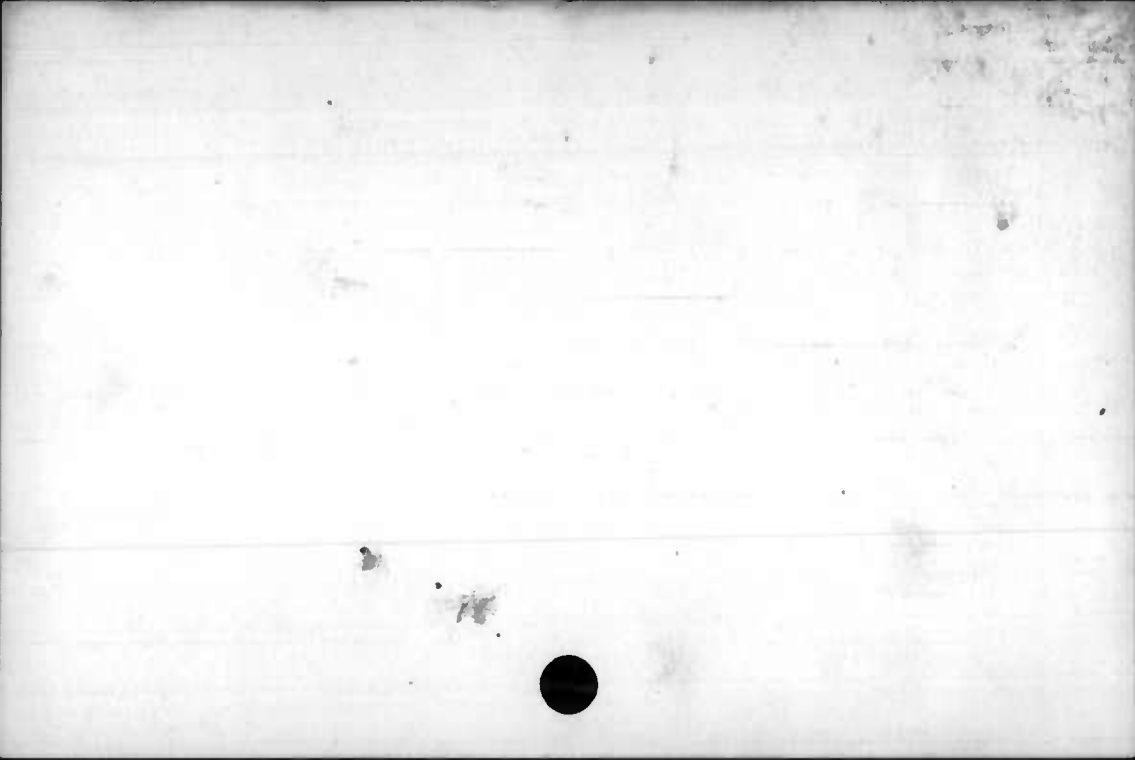
Signature of
Physician

Address

A N Johnson M.D.

Perryman Harford
co Md

Accident or Suicide?



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i> ^{Town}		County <i>Hartford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>13</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>Wm. Hamilton</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Wm. Williams</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. McCurdy</i>
	Address <i>Cardiff, Ind.</i>
Accident or Suicide?	

May 16 - 05

Tabernacle.

Name
in
Full

Samuel Edwin Hannay

CERTIFICATE OF DEATH

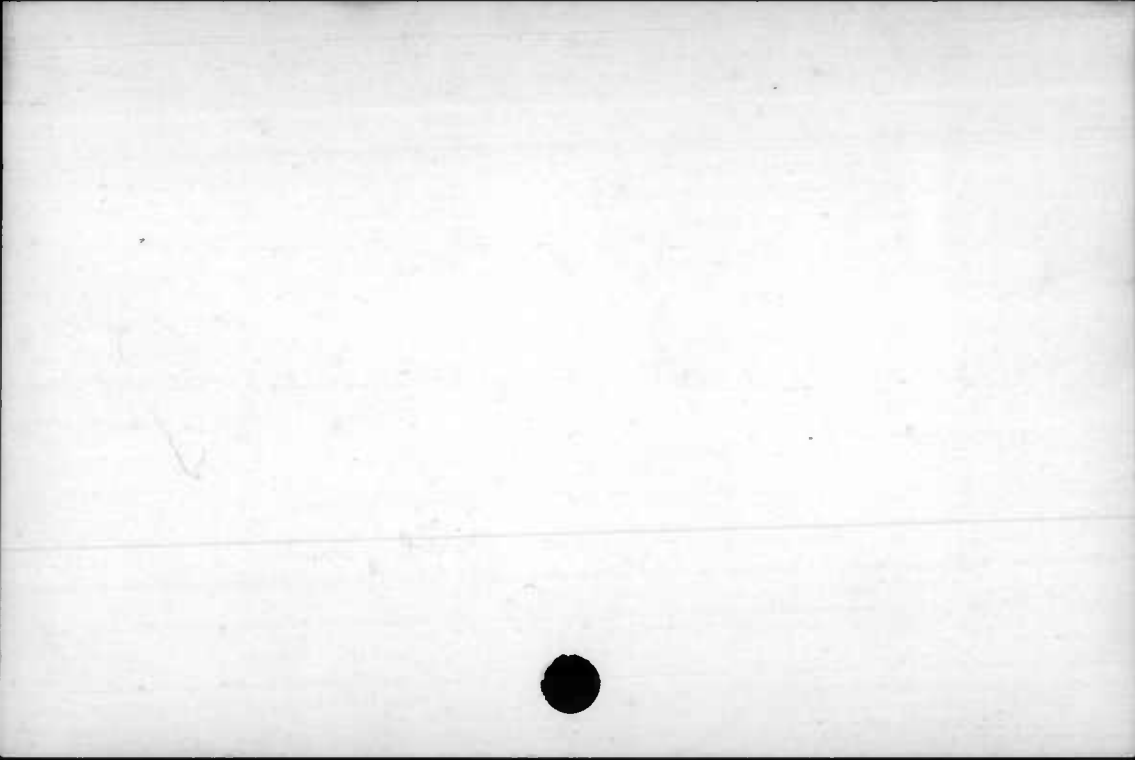
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wale</i> Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>5</i>	Day <i>23</i>	Age <i>63</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Wale</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel Hannay</i>	Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Elizabeth Hackett</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>B. Hannay</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>5 years</i>
Immediate <i>Dropsy</i>	How long <i>4 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. C. Rutledge</i>
	Address <i>Rutledge, Md</i>
Accident or Suicide?	



Name
in
Full

Frank K Harts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lapidum* Town*Hartford* County

Date

of death

1900

Month

May

Day

24

Age

Years

60

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*don't know*

Occupation

*laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*don't know*Name of Wife or
HusbandFather's
Name*Don't know*Father's
BirthplaceMother's
Maiden Name*" "*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

accidental drowning

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Bailey & Baldwin
Undertakers

Accident or Suicide?



Name
in
Full

Mary Caroline Straps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Trent

County

Starford

MARYLAND

Date

of death 1905

Month

May

Day

30

Age

Years

74

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

House work

Name of Wife or
HusbandFather's
Name

Clayd Straps

Father's
Birthplace

Md

Mother's
Maiden Name

Lara Stoker

Mother's
Birthplace

Md

Name of person giving
In formation

Mr J. B. M. Noble

How related
to deceased

None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

How long

Six weeks

Immediate

Heart failure

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. H. Arthur M.D.

Address

Trent

Accident or Suicide?

Md



Name
in
Full

Phebe Ann Hilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sevel</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>May</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>44</u> <small>Years</small>	<u></u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Collored</u>		Birth-place <u>Rock Run</u>		
Occupation <u>Seamstress</u>	Where Residing if not at place of death <u>near Sevel</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Baron Hilton</u>	Father's Birthplace <u>Rock Run</u>				
Mother's Maiden Name <u>Rachel C. Hilton</u>	Mother's Birthplace <u>Rock Run</u>				
Name of person giving information <u>Father, Baron Hilton</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 yrs -</u>
Immediate <u>Exhaustion</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. Thurtell</u>
	Address <u>Abundum, Mo.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

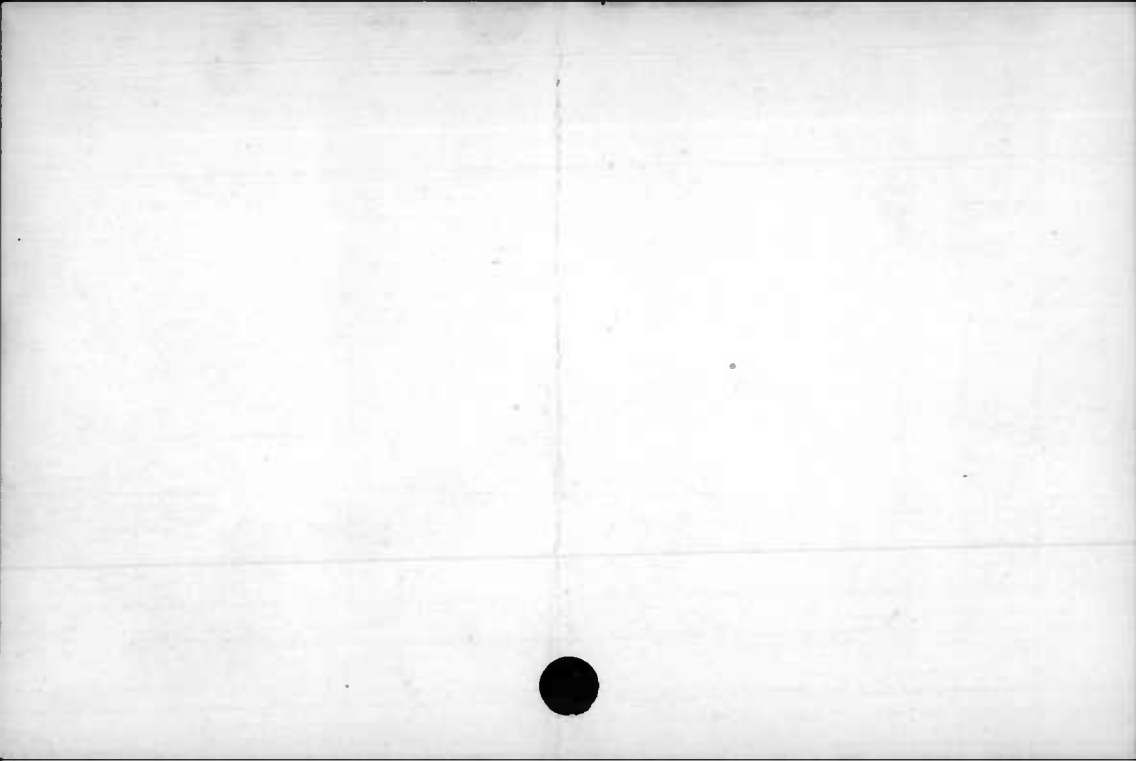
Name in Full C. Henry Jackson		Town Bel Air		County Harford		MARYLAND	
Died at Bel Air		Month May		Day 4		Age 79	
Date of death 1905		Months —		Years —		Days —	
Sex Male		Color or Race Black		Birth-place Ind.			
Occupation Laborer		Where Residing if not at place of death Bel Air					
Married, Single or Widowed Single		Name of Wife or Husband Rebecca Jackson					
Father's Name Jefferson Jackson		Father's Birthplace Ind.					
Mother's Maiden Name Harriet Brick		Mother's Birthplace "					
Name of person giving information Frank Jackson		How related to deceased Son					

CAUSES OF DEATH

(89) ✓

PHYSICIAN
OR CORONER

Primary Foiter of heart-disease	How long 5 Years
Immediate heart-failure	How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. F. H. Gorsuch
	Address Fort
Accident or Suicide? med-	



Name
in
Full

CERTIFICATE OF DEATH

Joshua W. Jarrett

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jarrettsville</i> ^{Town}		County <i>Harford</i>		MARYLAND	
Date of death 1905	Month <i>May</i>	Day <i>3</i>	Age <i>58</i>	Months <i>1</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Jarrettsville</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name <i>Luther M Jarrett</i>			Father's Birthplace <i>Taylor</i>		
Mother's Maiden Name <i>Julia A Jarrett</i>			Mother's Birthplace <i>Taylor</i>		
Name of person giving Information <i>M L Jarrett</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>2 Years</i>
Immediate <i>Nervous Prostration</i>	How long <i>3 days</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Martin L Jarrett
Jarrettsville
md

Accident or Suicide?



Name in Full

Certificate of Death

Alice Virginia Jenkins

Town

County

Died at

The Rocks Harford

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

5

2

Age

54

Baltimore

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Harriet Davis

Alice Virginia Davis

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by: ☐ coroner, ☐ undertaker or minister.

Dr. Thos. B. Hayward

Gilesville

Harford Co Md



Name
in
Full

CERTIFICATE OF DEATH

Mrs. Annie R Lanius

Town

County

MARYLAND

Died at *Beltsville*

Harford

Date

Month

Day

Years

Months

Days

of death 1905

May

21

Age

64

5

Sex

Female

Color or
Race

White

Birth-
place

Balto. Md.

Married, Single
or Widowed

Married

Occupation

House wife

Name of Wife or
Husband

Joseph T. Lanius

Father's
Name

John Stephens

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Elizabeth Stephens

Mother's
Birthplace

Balto. Md.

Name of person giving
In formation

Joseph T. Lanius

How related
to deceased

Husband

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Tuberculous

How long

3 years

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Hammond

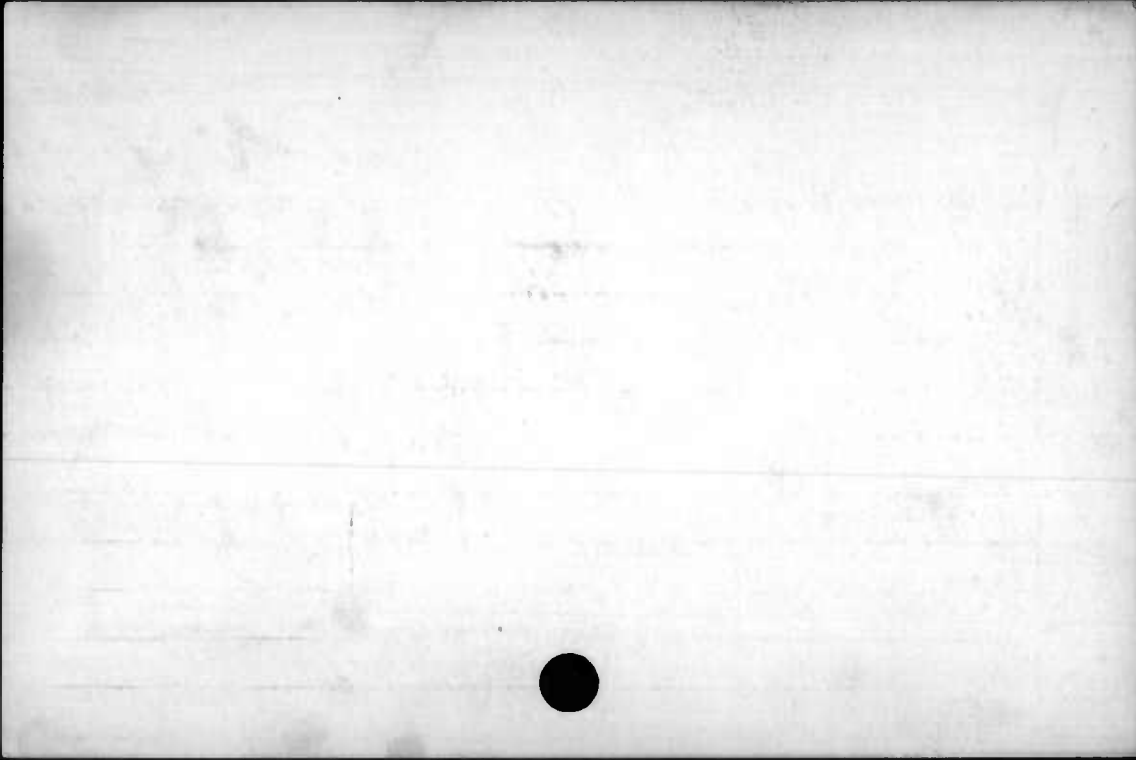
Address

Street

PHYSICIAN
OR CORONER

Accident or Suicide?

Md.



Name in Full

Certificate of Death

Joseph Mulineaux

Town

County

Shawsville

Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905 -

5 - 14

Age

74.5

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart disease

Death

Immediate

How long sick

1 year

Accident, Suicide, ~~Homicide~~

Reported by

L. Y. Turner M.D.

Address

Black Horse, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Bennett van Sickle Nelson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

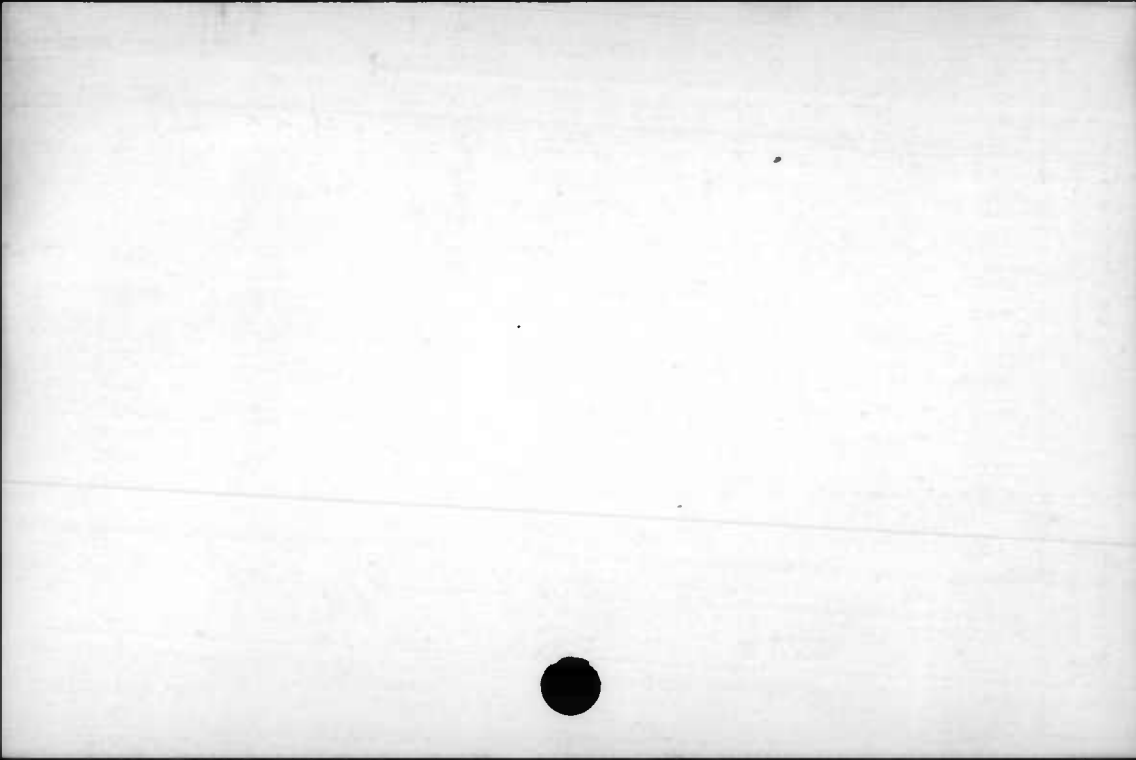
MARYLAND

Died at <i>aberdeem</i> Town		<i>Hartford</i> County			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>22</i>	Age <i>52</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Bushriver Mich</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Near aberdeem</i>		
Married Single		Name of Wife or Husband			
Father's Name <i>Bennett Nelson</i>			Father's Birthplace <i>Hunting Mich</i>		
Mother's Maiden Name <i>Eleizabeth Harris</i>			Mother's Birthplace <i>abingdon</i>		
Name of person giving information <i>Gussie Nelson</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer Stomach</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hume</i>
	Address <i>Abundum Ind</i>
Accident or Suicide?	



Name
in
Full

Wm. Parker

5-10/V

CERTIFICATE OF DEATH

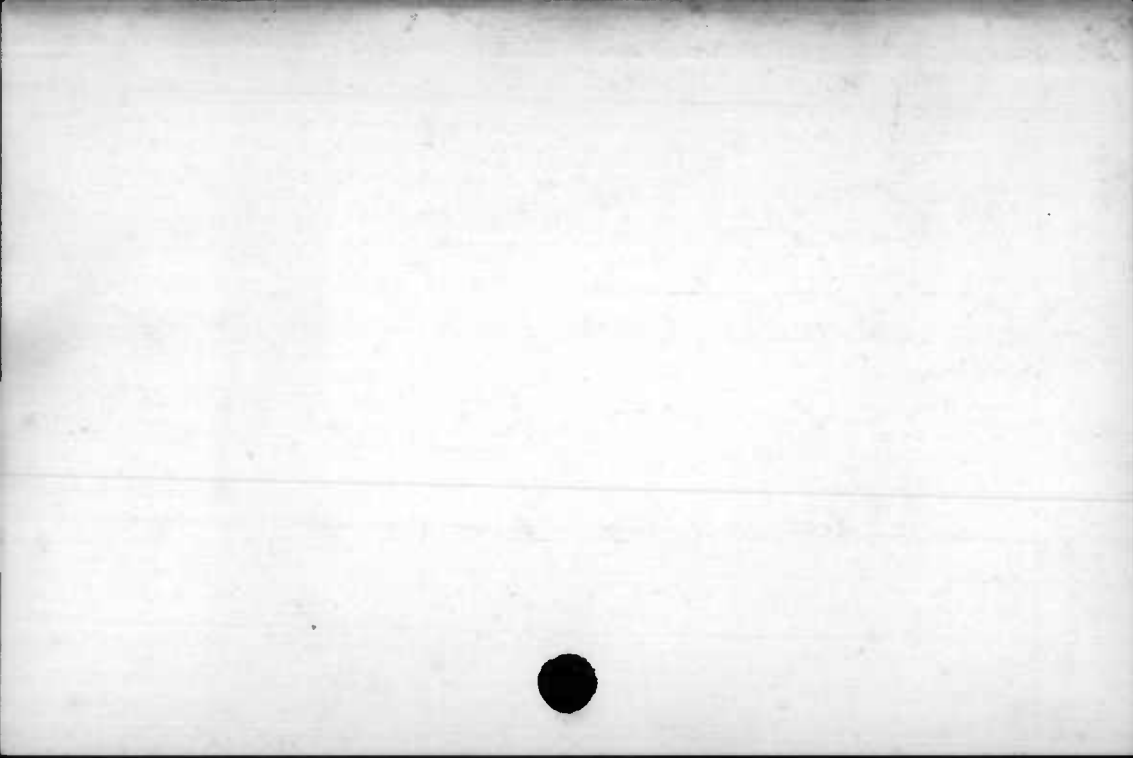
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		May	10	35			
Sex	Male		Color or Race	Coloured		Birth-place	Harford Co.
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Alice Presbury			
Father's Name	Wm Parker				Father's Birthplace	Harford Co	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	A. R. Fletcher				How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

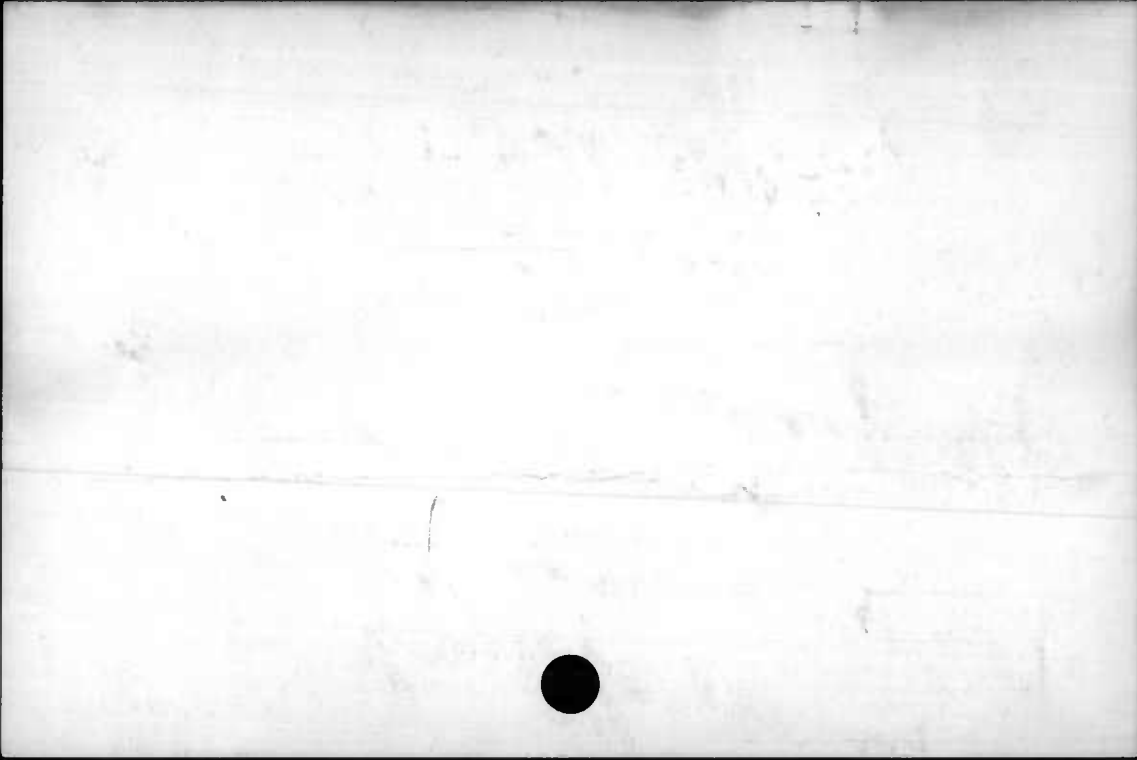
Primary	Phthisis	How long	about 4 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	I think	Signature of Physician	No physician in charge.
20-		Address	
Accident or Suicide?			



Name in Full Jessie Peters		CERTIFICATE OF DEATH	
Died at Town Edgewood		County Harford	
Date of death 1905		Month May	
Day 3		Age 19	
Sex Female		Color or Race Colored	
Occupation		Birth-place Maryland	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Samuel Peters		Father's Birthplace Maryland	
Mother's Maiden Name		Mother's Birthplace Maryland	
Name of person giving Information Samuel Peters		How related to deceased Father	
CAUSES OF DEATH			
Primary Phthisis Pulmonalis		How long 3 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Charles Roth	
Address Edgewood			
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>J A Preston</i>		Town <i>Marydolia</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>5</i>	Day <i>9</i>	Age <i>53</i>	Years <i>53</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford co</i>			
Occupation <i>Sawyer</i>				Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Ben J Preston</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>2 weeks</i>
Immediate	<i>Murugits</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas H Post</i>	
Accident or Suicide?		Address <i>Edgewood Md</i>	

Interment-

Arlington
Harford Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Jessie L Rice*
Town *Pylesville*County *Harford*

MARYLAND

Date
of death 190 *5* *May*

Month

Day

Age *16*

Years

Months

Days

Sex *Female*Color or
Race*Colored.*Birth-
place*Pylesville Ind*Married Single
or Widowed

Occupation

*none*Name of Wife or
HusbandFather's
Name*George Rice*Father's
Birthplace*Rocks Ind.*Mother's
Maiden Name*Annie Barton*Mother's
Birthplace*Harford Co Ind*Name of person giving
In formation*James Hall*How related
to deceased*none*

CAUSES OF DEATH

Primary

Tuberculosis

How long

9 months

Immediate

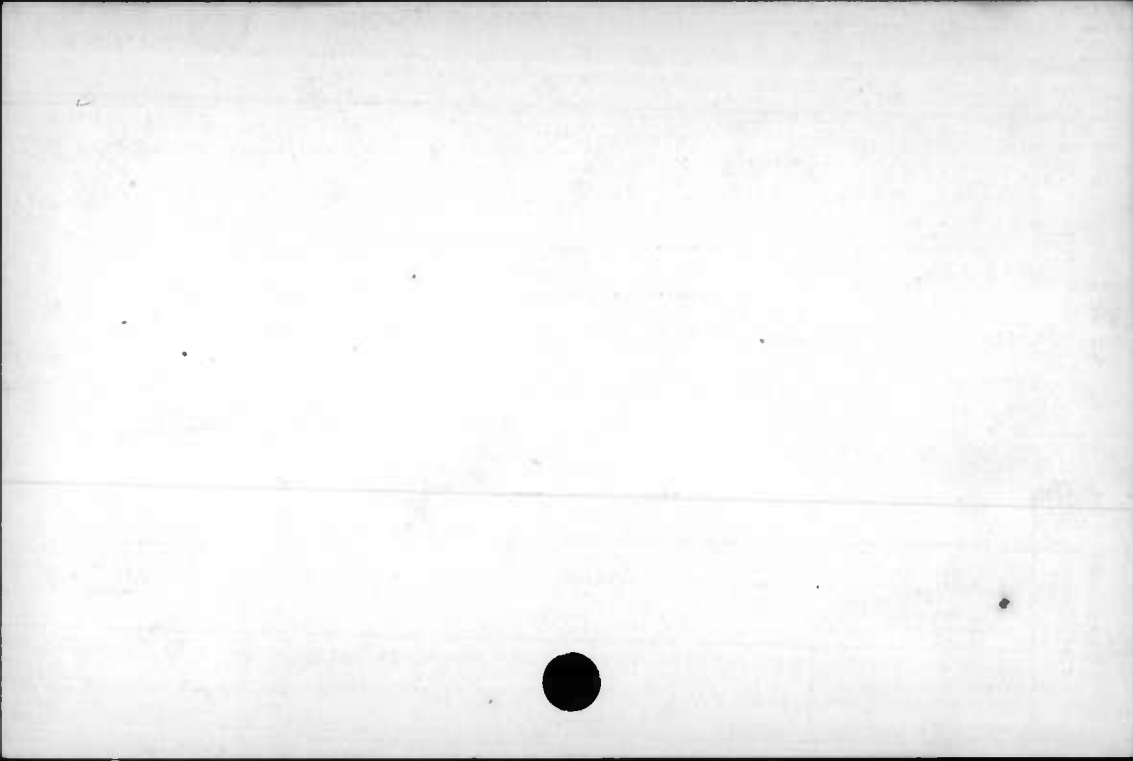
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C W Gannon
Street
Ind.

Accident or Suicide?

*yes*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kalunia</i>		County <i>Hayford</i>		MARYLAND	
Date of death	1907	Month <i>May</i>	Day <i>16</i>	Age <i>78</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>MO</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Catharine Slader</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name	<i>Catharine Lochary</i>					Mother's Birthplace	<i>Hayford Co.</i>
Name of person giving In formation	<i>Jos. Slader</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>154</i>
Immediate	<i>old age</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. Lee Hughes</i>
		Address	<i>Gibson, MO</i>
Accident or Suicide?			

Thomas Burr

Name
in
Full

James Smittle.

CERTIFICATE OF DEATH

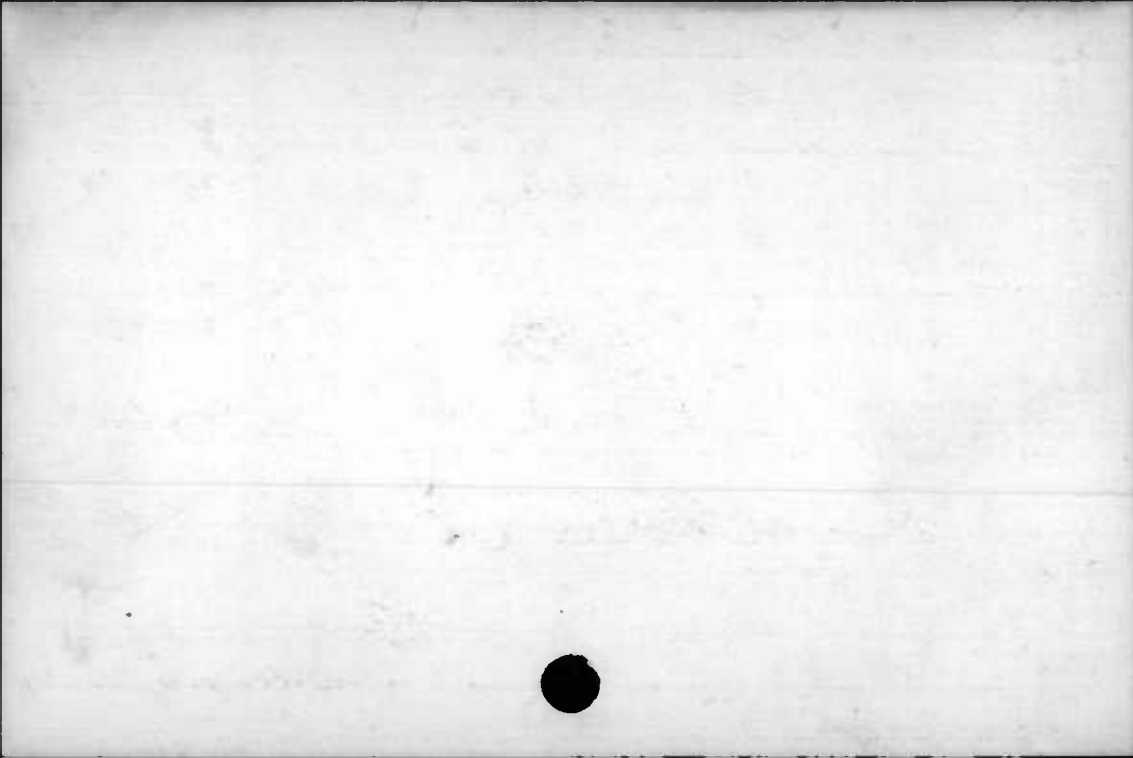
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Date of death	190	Month <i>May</i>	Day <i>3</i>	Age <i>87</i>	Years <i>9</i> Months <i>28</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>agriculture</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Harnett, E. Smittle,</i>				
Father's Name <i>Jas. Smittle</i>	Father's Birthplace <i>Massachusetts</i>				
Mother's Maiden Name <i>Moffett</i>	Mother's Birthplace <i>11</i>				
Name of person giving information <i>W. A. Smittle</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age.</i>	How long <i>3 months.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr J. H. Roberts</i>
	Address <i>Churchville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

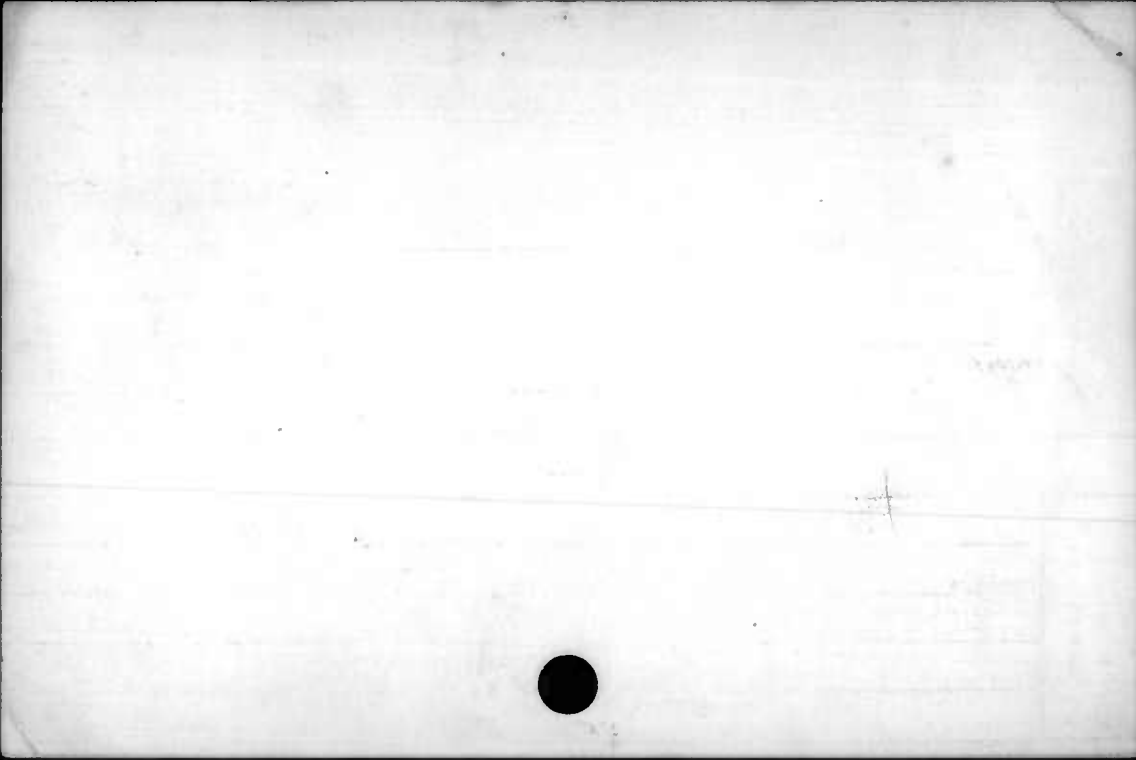
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Stewart		Town Perryman		County Harford		State MARYLAND	
Died at		Date of death		Age		Months Days	
		1905 May 15		66		7	
Sex Male		Color or Race Caucasian		Birth-place Harford Co			
Occupation Farm hand		Where Residing if not at place of death Perryman					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charles Stewart		Father's Birthplace					
Mother's Maiden Name Harlott James		Mother's Birthplace					
Name of person giving Information Benny Hollans		How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism		How long 1 week	
Immediate Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. Stier	
Address Perryman			
Accident or Suicide? No			



Name
in
Full

Otto Samuel Williams Taylor

CERTIFICATE OF DEATH

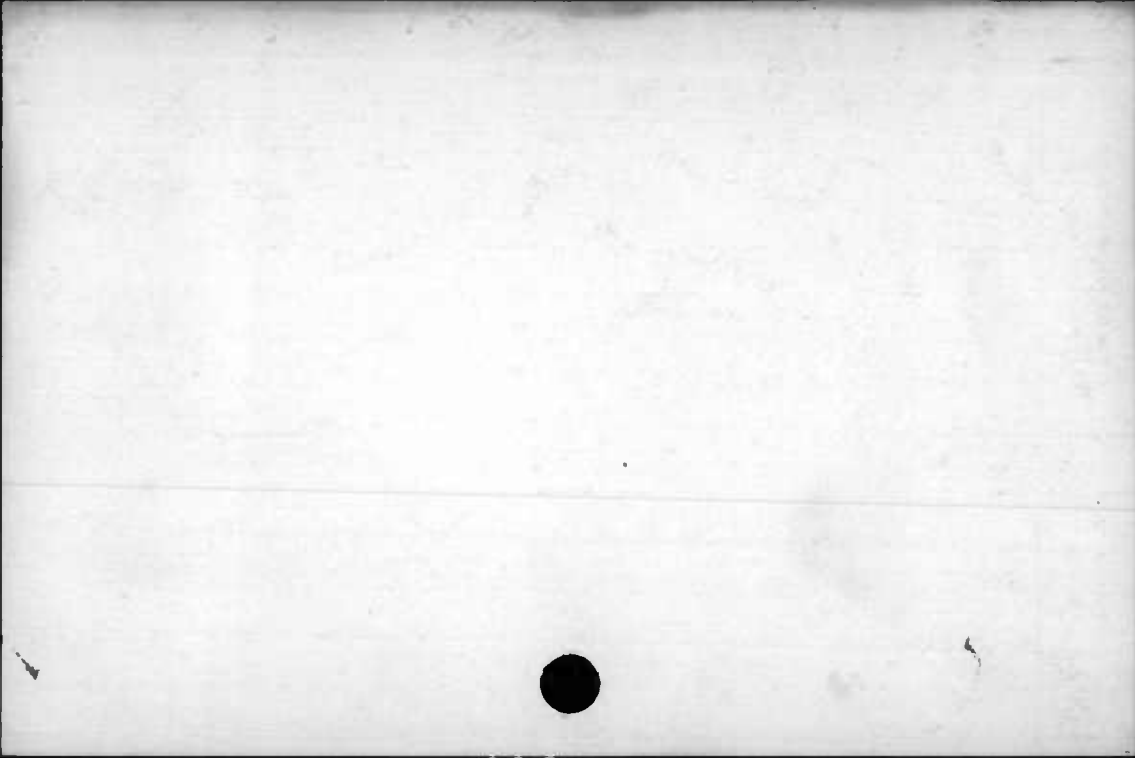
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near abundance</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>3</i>	Age <i>—</i>	Months <i>3</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Otto Sam'l. Williams</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Rachel Taylor</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Rachel Taylor</i>			How related to deceased <i>Walter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate	How long <i>8V</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No physician attending</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Alice Mabrinia Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *valent Park* Town *Harvard* County

Date of death *1905* Month *May* Day *28* Age *4* Years Months *4* Days *22*

Sex *female* Color or Race *white* Birth-place *valent Park*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Albert Thomas

Father's Birthplace

Mother's Maiden Name

Gloria Byrd

Mother's Birthplace

acmacke

Name of person giving information

Gloria Byrd

How related to deceased

mother

CAUSES OF DEATH

*Sick 3 weeks*PHYSICIAN
OR CORONER

Primary

Congestion of Liver

How long

1 week

Immediate

Exhaustion & Enteritis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. H. Dyer
Pringman
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

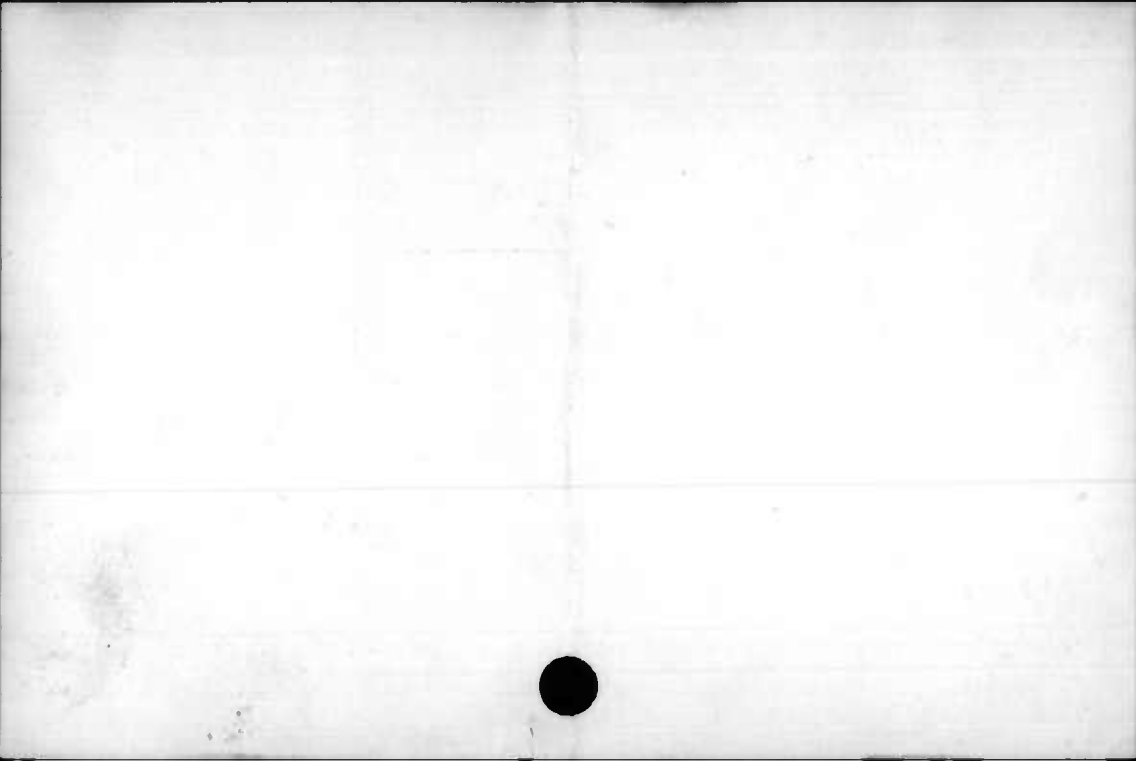
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Tracey</i>		Town <i>Parrettsville</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Parrettsville</i>		Month <i>May</i>		Day <i>27</i>		Age <i>22</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James H Tracey</i>					
Father's Name <i>Joseph D Pyles</i>		Father's Birthplace					
Mother's Maiden Name <i>Julia A Pyles</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving Information <i>Samuel J Pyles</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Susceptibility</i>	How long <i>27</i> ✓
Immediate <i>Tubercular Phthisis</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oscar H McNeer</i>
	Address <i>Parrettsville Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Turner

CERTIFICATE OF DEATH

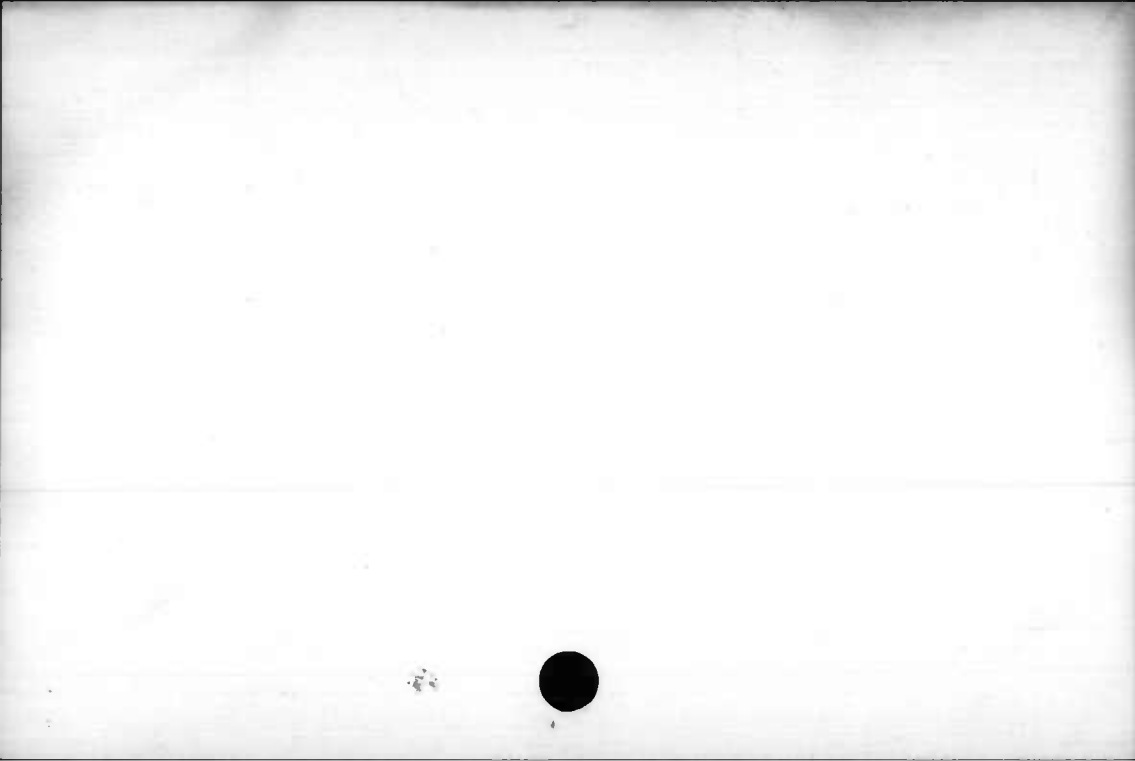
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharon</i> Town		<i>Hanford</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>5</i>	Day <i>27</i>	Years <i>12</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Hanford Co</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>George M. Turner</i>			Father's Birthplace <i>Hanford Co</i>		
Mother's Maiden Name <i>Elizabeth - Green</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>George M. Turner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>27</i>	<i>One yr.</i>
Immediate <i>Exhaustion</i>	How long <i>Two mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>	
<i>9</i>	Address <i>Forest Hill Md</i>	
	Accident or Suicide?	



Name
In
Full

Unknown White man

CERTIFICATE OF DEATH

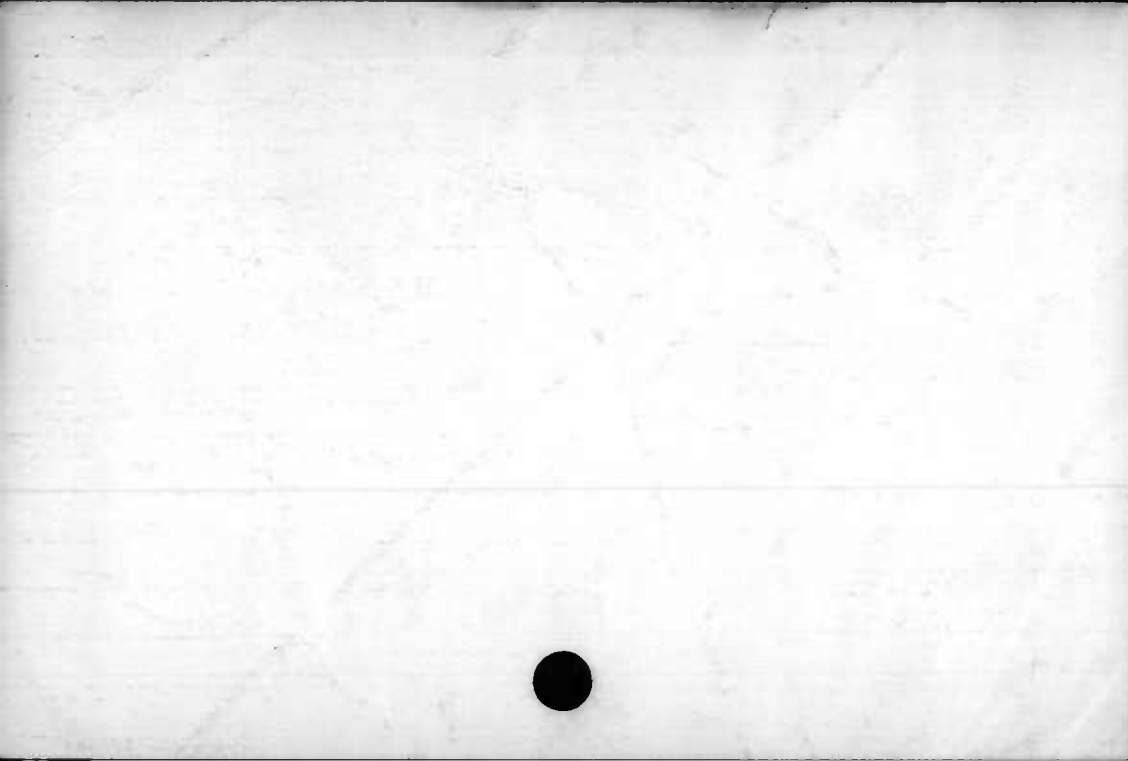
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1905	Month	May	Day	18	Age	36
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		<i>_____</i>	
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>_____</i>		How related to deceased <i>_____</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by Rail Road Train</i>	How long	<i>_____</i>
Immediate	<i>The " " " " "</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>_____</i>		Signature of Physician <i>Michael H. Foley</i>	
Address <i>Harrods Grace</i>		<i>MD</i>	
Accident or Suicide? <i>Accident</i>		<i>Maryland</i>	



Name
in
Full

Mary Fulton Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>York</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>5</i>	Day <i>10</i>	Age <i>70</i>	Years <i>-</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Bel Air</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John S Young</i>						
Father's Name <i>James A Fulton</i>	Father's Birthplace <i>Harford Co</i>						
Mother's Maiden Name <i>Bridget McGonigal</i>	Mother's Birthplace <i>Harford Co</i>						
Name of person giving information <i>Castellingsworth</i>	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Embolism or apoplexy</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Castellingsworth</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>No</i>	

